



GROOVE  
NTURN

MICROBIT

DEEPGROOVE

MINI-BORE

DESIGN-A  
GROOVE

**CREDIT APPLICATION**

COMPANY NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TEL# \_\_\_\_\_ FAX# \_\_\_\_\_

TYPE OF BUSINESS (IF A DISTRIBUTOR, PLEASE INCLUDE LINE CARD) \_\_\_\_\_  
ESTABLISHED WHEN? \_\_\_\_\_

**DIRECTIONS:**

- PLEASE SUPPLY THREE (3) U.S. REFERENCES FROM OUTSIDE OF YOUR STATE-PLEASE DO NOT INCLUDE DISTRIBUTORS.**
- PLEASE SUPPLY A TAX EXEMPT STATEMENT (WE DO NOT CHARGE SALES TAX) OR A RESALE CERTIFICATE (IF YOU WILL BE RESELLING OUR PRODUCTS).**

REF#1-COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL# \_\_\_\_\_ FAX# \_\_\_\_\_

REF#2-COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL# \_\_\_\_\_ FAX# \_\_\_\_\_

REF#3-COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL# \_\_\_\_\_ FAX# \_\_\_\_\_

BANK REFERENCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT # (OPTIONAL) \_\_\_\_\_

PERSON RESPONSIBLE FOR PAYMENTS \_\_\_\_\_

PERSON COMPLETING THIS FORM \_\_\_\_\_

**KAISER TOOL COMPANY, INC**

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